

3: Insured's Data Sheet

Name _____
 Address _____
 Contact _____ Time _____ Res. Phone _____
 Occupation _____ Place _____ Bus. Phone _____

Coverages

Policy Type	We Have	They Have	Interested In	"X" Date	"X" Made	Annual Premium	Offered Date	Declined Date
Auto								
Homeowners								
Life								
Mutual Fund								
Boat								
Disability Income								
Hospitalization								
Fire								
Floater								
Commercial								

Approximate yearly premium _____

Loss Record

Loss Date	Type of loss	Amount Paid	Loss Date	Type of loss	Amount Paid	Loss Date	Type of loss	Amount Paid

Remarks and Recommendations

Source _____

